

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



January 4, 1984

ALL-COUNTY LETTER NO. 84-04

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ASSEMBLY BILL (AB) 1805 AND SENATE BILL (SB) 1210

REFERENCE:

Chapter 1184, Statutes of 1982 (AB 1805) and Chapter 1273, Statutes of 1983 (SB 1210) are concerned with adult abuse. AB 1805 focuses on abuse of dependent adults (18-64 years old); SB 1210 is specific to elder abuse (65 and older). There was no appropriation in either bill.

The bills include specific reporting mandates. This letter is to give you a preliminary idea of the way the Department of Social Services (DSS) plans to meet the reporting mandates and your role in implementation. The statistical Services Branch (SSB) and the Adult Services Bureau (ASB) are making every effort to limit the reporting requirements to only those specified in the legislation.

Number of Abuse Reports (Chapter 1273; Welfare and Institutions Code, Section 9384)

The SSB will develop a brief form for you to use in reporting elder abuse tally counts. If you choose to participate in dependent adult abuse reporting, tally counts may also be recorded here. This report form will be sent to counties in early February 1984.

County welfare departments will begin keeping a monthly tally on January 1, 1984 of each report of elderly abuse (age 65 and over) received. Count each report, without regard to subsequent action. If more than one report of abuse is received on the same victim, tally each as an individual report. The tallies for the elderly and dependent adults should be kept separately.

Characteristics of Abused Victims (Chapter 1184 and Chapter 1273; Welfare and Institutions Code, Section 15620)

A report to the Legislature is mandated on the characteristics of the victims of abuse.

In order for the DSS to collect the data necessary for the required report on the characteristics of abused victims, we are suggesting that you submit a request to your County Board of Supervisors to designate the welfare department as the adult/elder protective agency, thereby centralizing the collection of reports received and maximizing the statistical validity of the report to the Legislature.

The language is very specific as to the types of data to be collected. In order to gather the required data for elderly abuse victims, DSS will be conducting a one-time survey. For preliminary planning the study month is expected to be July 1984. You will be asked to supply, to the extent possible, data specified in the bill.

Attached is a reporting form with instructions which outlines the specifications in the bill. This form is intended for your use and may be incorporated into your case records.

Counties participating in the new Case Data Social Services Reporting System (CDS/SSRS) may submit reports on dependent adults via the Protective Services Investigation Form G. Minor adjustments are being made to the basic system to accommodate the reporting of adult abuse. Instructions are contained in the SSRS Operating Procedures Manual. A special program will be designed to extract the required data from the system. Quarterly summaries will be forwarded to DSS, ASB, for a 12-month period. Any further instructions to case data counties will be transmitted via the Welfare Case Data Joint Committee.


For counties other than Case Data who wish to report characteristics of dependent adults, a separate one-time survey will be conducted to collect the required data.

Written Reports to Elder Protective Agencies (Chapter 1273; Welfare and Institutions Code, Section 9381)

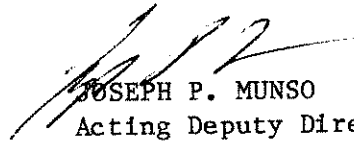
Under SB 1210 any elder care custodian, medical practitioner, nonmedical practitioner, or employee of an elder protective agency who has actual knowledge of elder physical abuse is required to report the instance by telephone, followed by a written report within 36 hours.

A form to be used for transmitting these reports to the elder protective agencies is to be developed by DSS. These forms do not have to be in place until April 1, 1984. We will be developing the form as soon as possible in consultation with others as specified in Section 9382(d).

If you have any questions about the statistical reporting relating to either bill, please contact Marge Gerken, SSB, (916) 322-5462 or ATSS 492-5462. If you have questions about program-related issues, please contact Joelyn Walters, ASB, (916) 322-8097 or ATSS 492-8097.



LOREN D. SUTER
Deputy Director
Adult and Family Services



JOSEPH P. MUNSO
Acting Deputy Director
Administration

Attachment

cc: CWDA
County Boards of Supervisors

DEPENDENT ADULT AND ELDER ABUSE REPORT

I N F O R M A T I O N O N A B U S E D		
Name:		Sex:
Address:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Age: ____/____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimate <input type="checkbox"/> Unknown	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown	Primary Dependency Basis: <input type="checkbox"/> Physical <input type="checkbox"/> Mental <input type="checkbox"/> Financial <input type="checkbox"/> Unknown
I N F O R M A T I O N O N A L L E G E D A B U S E R		
Age: ____/____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimate <input type="checkbox"/> Unknown	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Relationship of Alleged Abuser to the Victim: <input type="checkbox"/> Guardian <input type="checkbox"/> Offspring <input type="checkbox"/> Spouse <input type="checkbox"/> Related, Other <input type="checkbox"/> Parent <input type="checkbox"/> No relationship <input type="checkbox"/> <input type="checkbox"/> Unknown
I N F O R M A T I O N O N I N C I D E N T		
Type of Abuse: <input type="checkbox"/> Fiduciary <input type="checkbox"/> Physical <input type="checkbox"/> Mental <input type="checkbox"/> Neglect <input type="checkbox"/> Abandonment <input type="checkbox"/> Other	Frequency of Abuse: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Sporadically <input type="checkbox"/> Unknown	Extent of Physical Injury: <input type="checkbox"/> No Injury <input type="checkbox"/> Death <input type="checkbox"/> Hospitalization required <input type="checkbox"/> Health Care Provider required <input type="checkbox"/> No medical treatment required <input type="checkbox"/> Medical treatment refused
Location of Abuse: <input type="checkbox"/> Home or private residence <input type="checkbox"/> Institution <input type="checkbox"/> Unknown		Area: <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Unknown
I N F O R M A T I O N O N S E R V I C E S		
Referral Action <input type="checkbox"/> Willing to accept services <input type="checkbox"/> Client refused <input type="checkbox"/> Services not available <input type="checkbox"/> No referral made		Referred to: <input type="checkbox"/> CWD/Adult Protective Services <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Agency <input type="checkbox"/> Other (specify:) _____
COMMENTS:		
County Worker Name:	Telephone	Date:

DEPENDENT ADULT AND ELDER ABUSE REPORT

PURPOSE

This report form, "Dependent Adult and Elder Abuse Report", with suggested instructions, has been designed by the Department of Social Services, as required by Chapter 1184, Statutes of 1982 (AB 1805) and Chapter 1273, Statutes of 1983 (SB 1210). It is intended for county use and may be incorporated into county case records. The report form includes those characteristics and data items defined in the legislation.

INFORMATION ON ABUSED

1. Name - Full name of the abused person being reported.
2. Address - If known, indicate the complete residence address of the abused person. If institutionalized, indicate the name and address of the institution.
3. Sex - If the gender is known, check appropriate box.
4. Age - If the actual age of the abused person is known, indicate in years only and check "actual". If the person making the report is able only to estimate the age of the abused person, indicate that number in years and check "estimate".

If age is not known and not able to be estimated, check "unknown".
5. Marital Status - If known, indicate the legal marital status of the abused individual.
6. Primary Dependency Basis (check one)

Dependency is defined as the adult having the physical, mental or financial limitations that restrict his/her ability to carry out normal activities of daily living, that restrict his/her ability to protect his/her own rights, and that threaten the individual's capacity to have an independent life.

Check the box that indicates the primary basis for dependency, if known. It is not necessary to verify that an adult is dependent by virtue of these limitations. If the dependency status is not known, check "unknown".

INFORMATION ON ALLEGED ABUSER

7. Age - If the actual age of the alleged abuser is known, indicate in years only and check "actual". If the actual age of the alleged abuser is unknown, but can be estimated, indicate the estimated age and check "estimate". If not known, check "unknown".
8. Sex - If the gender is known, check the appropriate box.

9. Relationship of alleged abuser to the victim - Check appropriate box indicating the relationship of the alleged abuser to the victim.

Guardian - A person legally placed in charge of the affairs of someone who has been determined incapable of managing his/her own affairs.

Spouse - Husband or wife.

Parent - Father or mother.

Offspring - Son or daughter.

Related, Other - Any other family member including step- and half-relations, relationships resulting from marriage or other full relations not indicated above, i.e., grandparent, cousin, aunt, uncle, etc., (specify).

No relationship - Not related in any way.

If relationship is not known, check "unknown".

INFORMATION ON INCIDENT

10. Type of Abuse - Check the appropriate type or types of abuse for the incident being reported.

Fiduciary - A situation where any person who stands in a position of trust with respect to a dependent adult or elder, willfully steals the money or property of that dependent adult or elder, or secretes or appropriates the money or property of that dependent adult or elder, to any use or purpose not in the due and lawful execution of his/her trust.

Physical - A situation where any person who has the care or custody of or who stands in a position of trust with a dependent adult or elder, willfully inflicts upon that dependent adult or elder person any cruel or inhuman corporal punishment or injury. Physical abuse includes, but is not limited to, direct beatings, sexual assault, unreasonable physical constraint, or prolonged deprivation of food or water.

Mental - Deliberately subjecting a person to fear, agitation, confusion, severe depression, or other forms of serious emotional distress, through threats, harassment or other forms of intimidating behavior.

Neglect - The failure of any person having the care or custody of a dependent adult or elder to exercise the degree of care which a reasonable person would exercise.

Neglect includes, but is not limited to:

- a. Failure to assist in personal hygiene, or in the provision of food and clothing for a dependent adult or elder.
- b. Failure to provide the medical care for the physical and mental health needs of a dependent adult or elder. No person will be deemed neglected or abused when he/she voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment.

- c. Failure to protect a dependent adult or elder from health and safety hazards.
- d. Failure to prevent a dependent adult or elder from suffering malnutrition.

Abandonment - Desertion or willful forsaking of a dependent adult or elder by any person, health facility, community care facility, clinic home health agency, or legal guardian or conservator who provides goods or services necessary to avoid physical harm or mental suffering and who performs duties.

Other - If type/types of abuse is not known, check "other".

11. Frequency of Abuse

Of the type or types of abuse reported, check the box that most closely identifies the frequency of the type of abuse that is most frequent.

If not known, check "unknown".

12. Extent of Physical Injury

Check the box that most appropriately identifies the extent of the injury as it relates to the medical treatment required.

No injury - There was no physical injury noticed.

Death - Victim dies as a result of the injuries from abuse.

Hospitalization required - Injury extent was such that the abused victim was admitted to the hospital for treatment or observation.

Health care provider required - The injury was extensive enough to require medical attention on an outpatient basis by a physician, nurse practitioner, or other health care provider.

No medical treatment required - The victim's injuries were such that no medical treatment was required.

Medical treatment refused - There was injury which indicated a need for medical attention, but victim refused medical treatment.

13. Location of Abuse

Check the box that most appropriately describes the location of the instance of abuse being reported.

Home or private residence - Victim's own home or another private residence such as relative's or neighbor's home.

Institution - Includes board and care facilities, public and private hospitals, nursing homes, convalescent hospitals, group homes and any other institutional care facilities

Unknown - If location of abuse is not known, check "unknown".

14. Area - Check appropriate box as terms are defined.

Urban - An incorporated or unincorporated place with at least 2,500 inhabitants.

Rural - All areas outside urban areas subdivided into rural-farm and rural nonfarm.

Unknown - If area not known, check "unknown".

INFORMATION ON SERVICES

15. Referral Action

Check the box that most appropriately describes the action accepted by the abused person.

Willing to accept services - Abused person is willing to accept services from any or all available services.

Client refused - Services were offered to the abused person but were refused.

Services not available - The type of services needed by the abused person are not available.

No referral made - The victim was not referred to any services.

16. Referred To

Check appropriate box that most closely describes which agency within the community was able to provide services to the dependent adult or elder person reported as having been abused.

CWD/Adult Protective Services - Any services provided by the county welfare department, including adult protective services.

Private Agency - Any group, association or agency primarily sponsored by private funds.

Public Agency - Any agency funded primarily by federal, state and/or local revenue.

Other (specify) - Any other agency not covered in those identified above.

17. Comments

Please use this section to clarify any entries that you feel need additional information.

18. County Worker Name

Print the name of the county worker completing this report.

19. Telephone

Indicate telephone number of county worker completing this report.

20. Date

Indicate the date this report was completed.